



DEPARTMENT OF THE AIR FORCE
OFFICE OF THE CHIEF OF STAFF
WASHINGTON, DC

70 JUL 1998

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Air Force Environment, Safety and Occupational Health Committee (ESOHC)
Meeting Minutes

The AF ESOHC met May 37, 1998. Lt Gen Vesely and Mr. McCall co-chaired the meeting. The focus of the meeting was Occupational Health issues led by Maj Gen Mabry. Individuals attending from offices with required membership were as follows:

HQ USAF/IL	Mr. Orr, SES	SAF/GC	Mr. Sheuerman
HQ USAF/ILV	None.	AFMOA/SG	Maj Gen Mabry
HQ USAF/SE	Col Bergman	HQ USAF/RE	Col Koepp
HQ USAF/IG	Col Azukas	HQ USAF/XP	Ms. MacMichael
HQ USAF/ILE	Brig Gen Sheehan	SAF/LL	Maj Underwood
NGB/CF	Mr. Van Gasbeck	HQ USAF/JA	Maj Gen Egeland
HQ USAF/XO	Col (sel) Lillie	SAF/FM	Capt Osborne
SAF/AQ	Col Williams	SAF/PA	Ms. Parr
SAF/DP	Ms. O'Neil, SES	AFBCA/DR	Mr. Lowas, SES
HQ USAF/SC	None.		

Opening Remarks

Gen Mabry stated there were new opportunities to focus on the occupational health issues that hurt the mission the most and create the greatest costs. Because we are the DoD executive agent in several important areas, we are influencing the DoD discussion and policy. As each individual becomes more critical in combat, Lt Gen Roadman, the SG, is working with AF/XO to redefine force protection so that we work to prevent all non-battle injury and illness.

Safety and Occupational Health (SOH) Program

LtCol Kelli Ballengee, from SAF/MIQ, provided background on why we have an Occupational Health program, a summary of program costs, and recommended the committee endorse an effort to develop and implement metrics by Oct 98. The basic program requirement stems from the Occupational Safety and Health Act (OSHA) that requires employers to maintain a safe and healthful workplace. The OSHA program applies only to civilian workers, but DoD policy extends the program to uniformed individuals as well. The AF is not subject to fines and penalties because of sovereign immunity.

SOH costs including direct and indirect costs and the cost of Class A mishaps exceed \$2B/year. Class A mishaps caused damages valued at \$83.1M and injuries calculated at \$39M. While the number of appropriated fund civilian workers has dropped from approximately 230,000 in 1991 to 180,000 in 1997, the compensation costs remained fairly constant around \$115M to \$120M. Direct program costs for compensation, hazard abatement, and implementing the occupational health and safety programs are approximately \$450M/year. Indirect costs like lost worker productivity, retraining, and investigations have been estimated by various forums to range from 4:1 to 35:1 compared to direct costs. Her briefing used the National Safety Council estimates of a 10:1 ratio of indirect to direct costs and was applied to the civilian compensation figures. Since military don't receive workman's compensation, these indirect costs do not show the impact of our military injuries and illnesses.

Col Ballengee pointed out that many of the program costs are not easily reduced, and that some, like compensation, include legacy costs from past compensable incidents. The best way to reduce these costs long term is through prevention and risk management. One problem was that the metrics we use to track these costs are lagging indicators, that is they show what has already happened rather than helping to predict where a future incident may occur. The recommendation of her briefing is that the Overarching Integrated Process Team of the committee take an action to look at the metrics and propose new leading indicator metrics by Oct 98.

Gen Vesely stated that the indications of program costs did create a valid reason for the AF to give our leadership attention to the SOH program. He also pointed out that industry cares about SOH issues as well, but for different reasons; public approval, program costs, fines and penalties, and unions. He said we should benchmark with industry. Mr McCall said that these costs are the consequences of the day-to-day choices we make conducting AF operations, and that our total costs would be greater if we included similar costs for our military personnel or if we have not accurately estimated the indirect costs. Gen Egeland stated that any prevention oriented program would cross both civilian and military lines and that we should track military. Gen Mabry agreed and said the Surgeon now has a better way to clinically track military injury and illness and this was relevant to our force protection program. The committee asked whether the Outsourcing and Privatization environment had the incentives in place to reduce injury and illness and whether we couldn't create the programs we wanted through contract mechanisms? Ms O'Neil said there was a Civilian Personnel program to help people back to work. Mr Orr said his greatest success at the base was to develop a team of medical, line, legal, and others who worked together to help resolve individual problems. Gen Vesely said that what gets measured gets improved and that we will approve the recommendation. The committee asked DP to provide a briefing on their return to work program and link as appropriate with the Office of Special Investigation work with Federal Employee Compensation Act cases. Col Postlewaite pointed out a 1989 memo to the services from DoD directed us to devolve the compensation to the installation, but that for unknown reasons this was not implemented. Mr Orr said that even if it was a lagging indicator, the \$1 OOM compensation bill was something we should use to push the visibility of the program cost down and that we should use it as a tool. The committee agreed and SAF/MIQ will investigate why devolvement did not occur and will work with DP to see if these program costs could be provided to the field.

ESOH Technology Planning Integrated Product Team (TPIPT) Update

LtCol Brian McCarty from the Human Systems Center provided the committee an update on ESOH TPIPT activities-and recommended the-TPIPT operating practices be incorporated into AF instructions. He stated that the purpose of the TPIPT process is to provide solutions for ESOH-related needs to AF decision makers. The TPIPT assessed 236 medium and high risk needs since the process was reengineered in 1997. MAJCOMs and single managers had accepted 188 of the solutions. (Need example: The Advanced Medium-Range Air-to-Air Missile- AMRAAM System Program Office (SPO) wanted a less toxic and environmentally friendly pre-primer, primer, and top-coat for the AMRAAM. They were considering several alternatives. The TPIPT provided an assessment and rank ordering of the health and environmental risk of the alternatives. The SPO accepted the TPIPT recommendation and incorporated it into their manufacturing specifications.) The TPIPT grouped related needs into systemic issues for presentation to the ESOHC. Col McCarty related there were 5 major systemic issues which he briefed along with the lead MAJCOM: Range Operations-ACC; Space Launch - SPACECOM; Deicing - HQ USAF/ILEV; Hearing Conservation - AMC; and Ergonomics - AFMC. He summarized the link between TPIPTs and the planning and programming process. In Aug 97 MAJCOMs commented on the ESOIH TPIPT charter. In Dec 97 those comments were briefed to the AF ESOH Committee. In Apr 98, at a MAJCOM TPIPT meeting, questions raised by the MAJCOMs concerning TPIPT operations were discussed and resolved, and the TPIPT membership agreed to follow the business practices of the charter. The briefing recommended these business practices be incorporated into existing AFIs when they are updated. The committee concurred. SAF/MIQ will take for an ongoing action.

Air Force Ergonomics Program

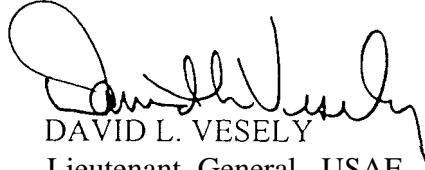
Maj Art Kaminski, AF Medical Operations Agency (AFMOA)/SGOE, provided an information briefing on the Ergonomics program. Ergonomics is an applied science that engineers the workplace to the worker by reducing awkward postures, high force, and repetitive motion. DoD requires the AF have an Ergonomics program. Good business practice requires a program to control costs (direct and indirect program costs are \$50M and \$500M respectively, excluding military). He stated that originally the SG had envisioned that every installation would have a similar Ergonomics program; however, the ESOIH TPIPT analyzed the problem and provided a work-breakdown of 51 tasks focused on the most significant problem areas with a near-term cost of \$600K. The TPIPT analysis allows the SG to create a focused, compliant program for about 3% of the previously anticipated cost, and we now realize that most of the compensation problems exist at the Air Logistics Centers and most are caused by back problems. As a result, HQ AFMC has been designated the program lead and will focus on back problems. He stated that AFMOA would provide a program update in Nov 98 and that AFMOA would work with DP in the preparation of the briefing on compensation. He stated that the metrics guiding the implementation of the Ergonomics program would tie into the metrics development proposed in the SOH briefing.

Closing Remarks

Gen Mabry reiterated the link between our ability to prevent injuries and illness in our peacetime workplaces and in the essential wartime requirement to keep the force fit and on-the job. Mr McCall said the Ergonomics program was a good example of a focused solution that frees funding for other program areas and if given proper oversight will reduce our worker injuries and the associated compensation.



THOMAS W. L. MCCALL, JR.
Deputy Assistant Secretary
of the Air Force
(Environment, Safety and
Occupational Health)



DAVID L. VESELY
Lieutenant General, USAF
Assistant Vice Chief of Staff

Attachment:
Briefing Charts

DISTRIBUTION¹:

HQ ACC/CV/CE/JA/LG/SE/SG/DP
HQ AFSPC/CV/CE/JA/LG/SE/SG/DP
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HQ AFBCA/DR (w/o Atch)
NGB/CF (w/o Atch)

¹ Distribution and courtesy copies will be made electronically beginning with the Dec 1997 minutes. Please contact LtCol Garland, garlandj@af.pentagon.mil, DSN 227- 10 19, if you experience difficulties receiving the minutes.



Safety & Occupational Health Program

Lt Col Ballengee
SAF/MIQ



Overview

- Purpose
- Background
- costs
- Conclusion
- Policy Initiatives
- Recommendation



Purpose

- *Provide summary of costs associated with the safety and occupational health program*
- *Request ESOHC endorse effort to develop appropriate metrics*



Background

- Occupational Safety and Health (OSH) Act
 - Requires OSH Programs to Maintain a Safe & Healthful Workplace
 - Compliance-based requirements
 - Applies only to civilians
- Federal Sovereign Immunity
- DoD Safety and Occupational Health Program
 - Applies to all DoD personnel



Cost FY 97 Class A MISHAPS

Type	Number	Fatalities		Disability (Perm.)	Cost (\$M)	
		Mil	Civ		Damage	Injury
Aircraft	29 (24*)	31	0	0	\$718.0	\$21.9
Ground						
(On-duty)	13	9(1)	4(4)	1	\$1.8	\$2.4
(Off-duty)	67	64	0	8	\$0.061	\$14.5
Weapons						
(Missile)	7	0	0	0	\$10.7	0
(Space)	2	0	0	0	\$90.8	0
TOTALS	118	104(1)	4(4)	9	\$831.4	\$38.8

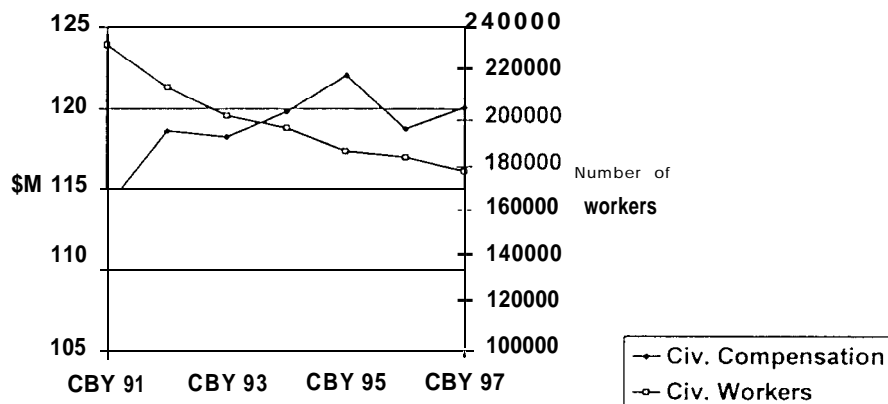
* Destroyed

() = Non-AF

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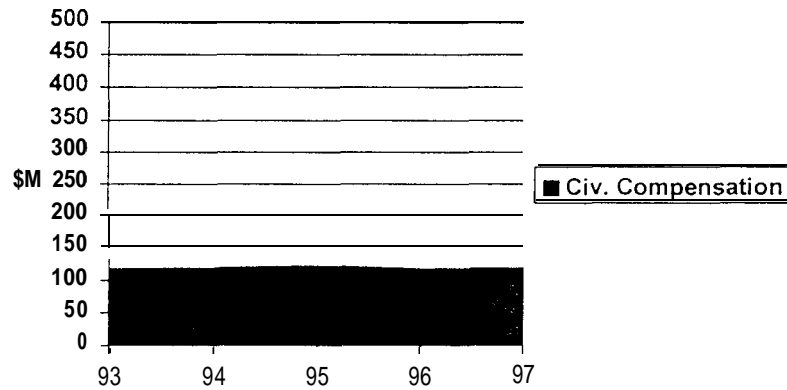


SAFETY AND OCCUPATIONAL HEALTH COSTS

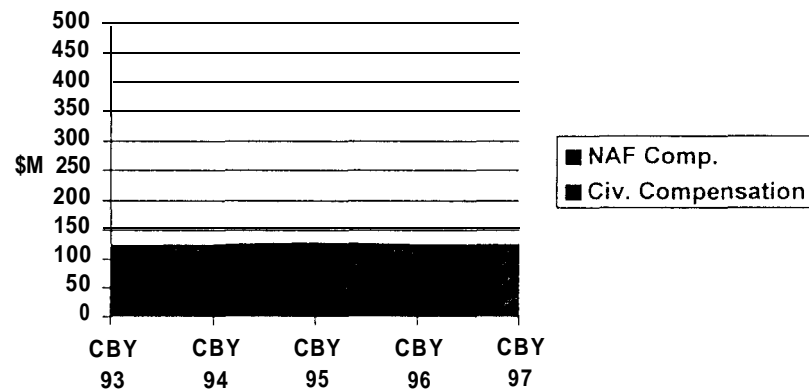




SAFETY AND OCCUPATIONAL HEALTH COSTS

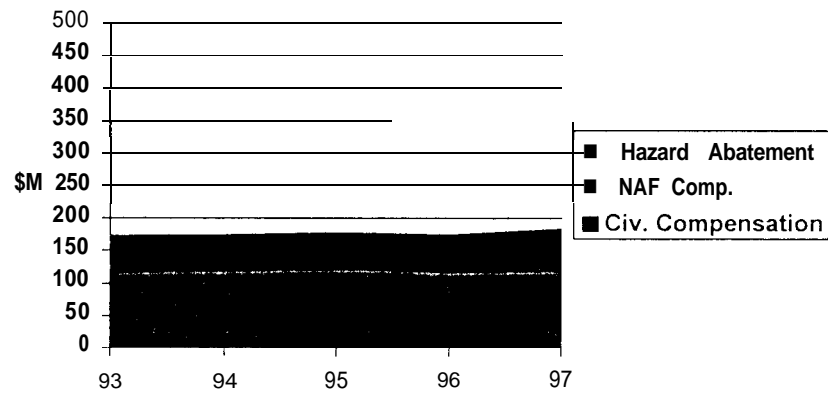


SAFETY AND OCCUPATIONAL HEALTH COSTS

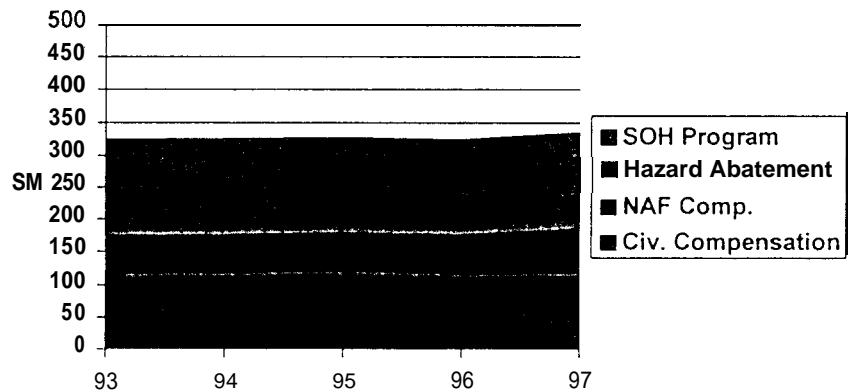




SAFETY AND OCCUPATIONAL HEALTH COSTS

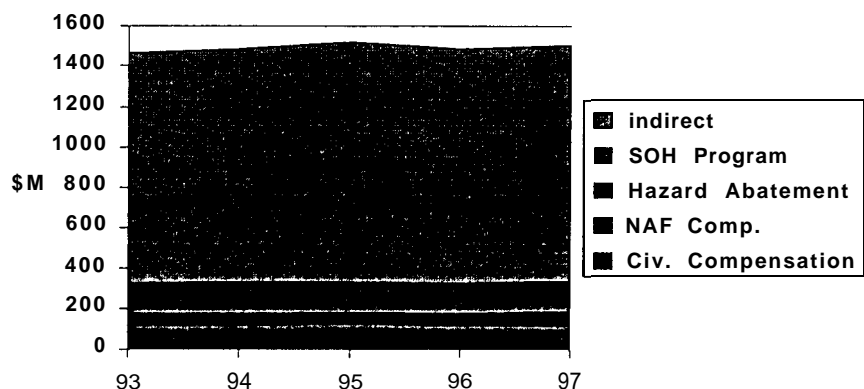


SAFETY AND OCCUPATIONAL HEALTH COSTS

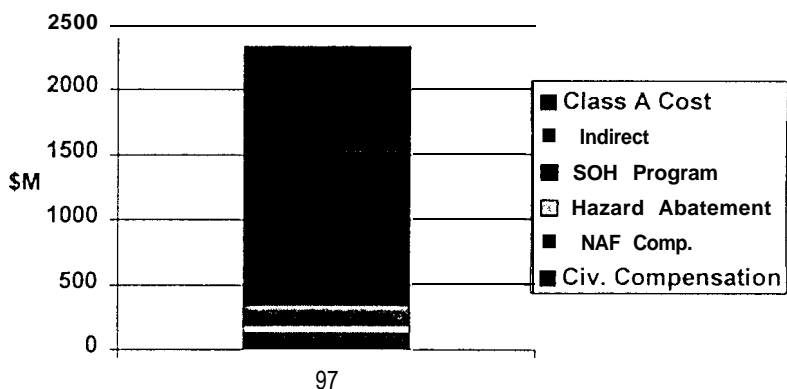




SAFETY AND OCCUPATIONAL HEALTH COSTS



SAFETY AND OCCUPATIONAL HEALTH COSTS





Conclusions

- Significant Safety and Occupational Health Costs
 - 1997 - \$2.3B
- Costs Are Not Easily Reduced
 - Prevention
 - Risk Management
- Current Metrics Not Prevention Or Risk Oriented
 - Lagging Indicators



Policy Initiatives

- Draft ESOH AFPD
 - Reduce Costs AND Improve Performance
 - Identify & Report SOH Costs
 - Use Operational Risk Management
 - Training
 - Accountability
- Draft Policy Memo on Cost Reduction and Accountability



Recommendation

- Direct OIPT Identify Leading Indicator Metrics
 - SG/SE Lead Development for SOH Metrics
 - ESOHC Approve
 - Implement by Oct 98



ESOH Technology Planning Integrated Product Team (TPIPT) Update (27 May 1998)

Lt Col Brian McCarty
HSC/XRE
Brooks AFB TX
Tel: DSN 240-2129 Fax: 240-2069
Brian.mccarty@em.brooks.af.mil



Purpose

Provide an update on ESOH TPIPT activities

and

seek approval to incorporate ESOH TPIPT into

appropriate AFIs.



Outline

- . Background
- . Status Report
- . Ergonomics Success Story
- . Recommendation



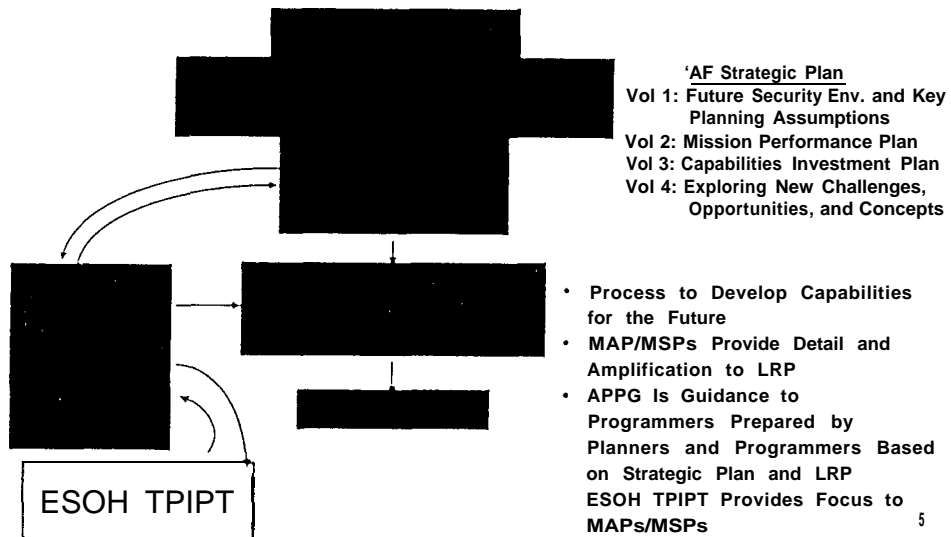
Background

- . AFPD 10-14 & AFI 10-1401
 - Outlines TPIPT Function
 - All TPIPT's Support AF Planning
- . ESOI-I TPIPT is Multi Disciplinary,
Multi MAJCOM



Background

LINK PLANNING & PROGRAMMING PROCESS



Background

PROCESS

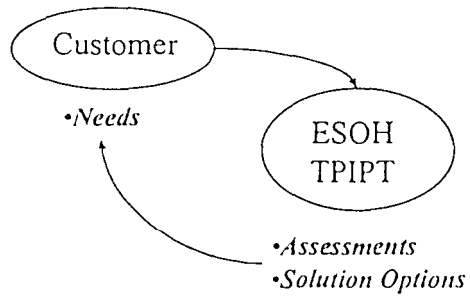
FOR PROVIDING SOLUTIONS

FOR ESOH NEEDS

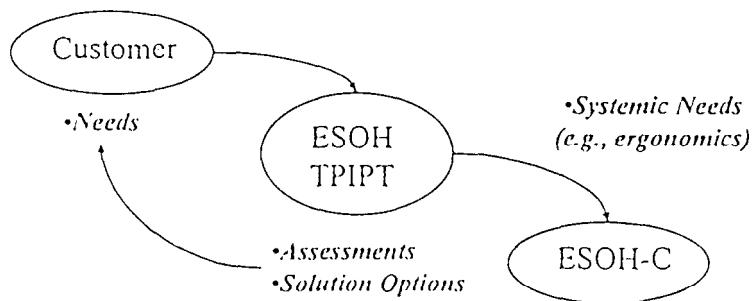
TO DECISION MAKERS



Background

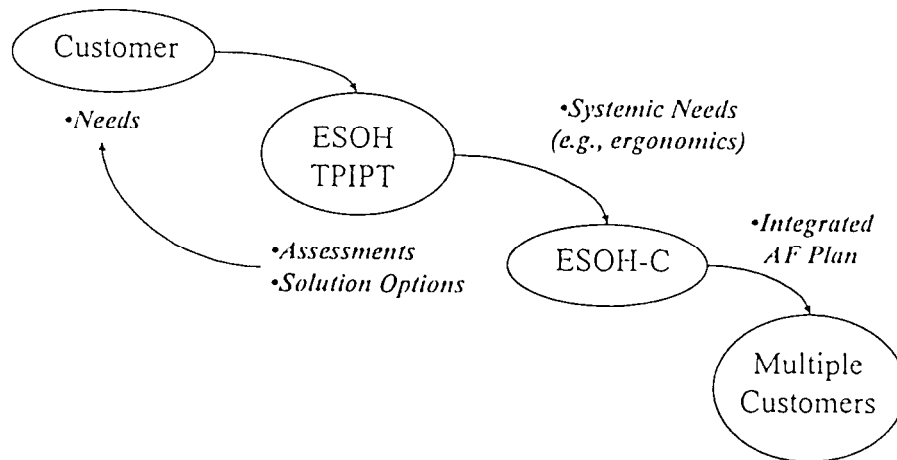


Background





Background



Outline

- . Background
- . Status Report
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- . Recommendation



Status Report MA JCOM B UY-IN

- Aug 97 Brief to AF ESOHC

HQ USAF/CVA memo to MAJCOM CVs

- Dec 97 Brief to AF ESOHC

MA JCOMS' responses: positive w/comments

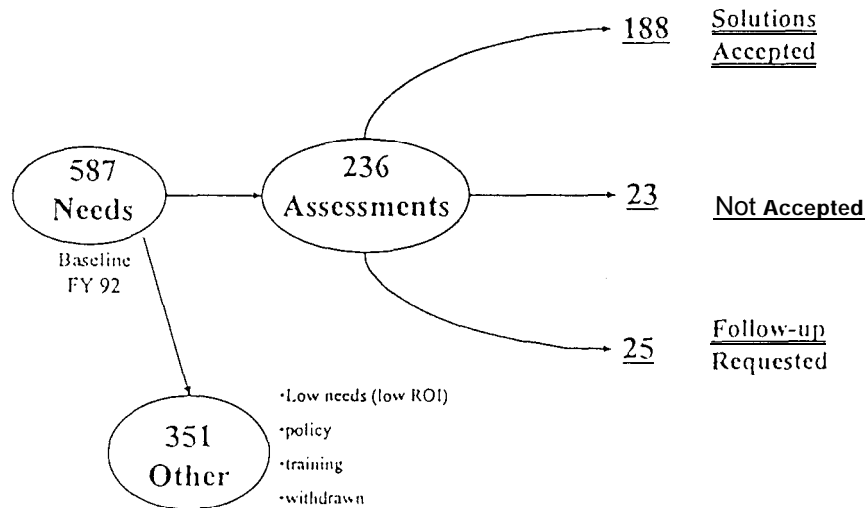
- Apr 98 TPIPT meeting

Addressed comments... members agreed to follow the business practices of the charter

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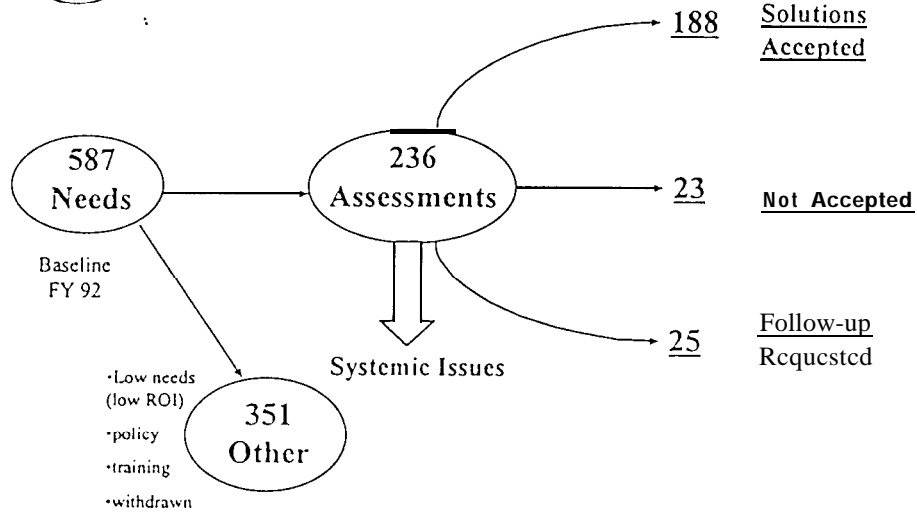
Status Report



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• Status Report



13



Status Report

Systemic Issues

• Five Identified:

- Range Ops - ACC
- Space Launch - SPACECOM
- Deicing - I-IQ USAF/ILEV
- Hearing Cons - AMC

Ergonomics - AFMC

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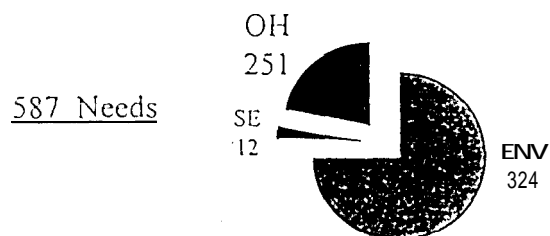
Outline

- . Background
- . Status Report
- . Ergonomics Success Story
- . Recommendation

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Occupational Health Program Pillar

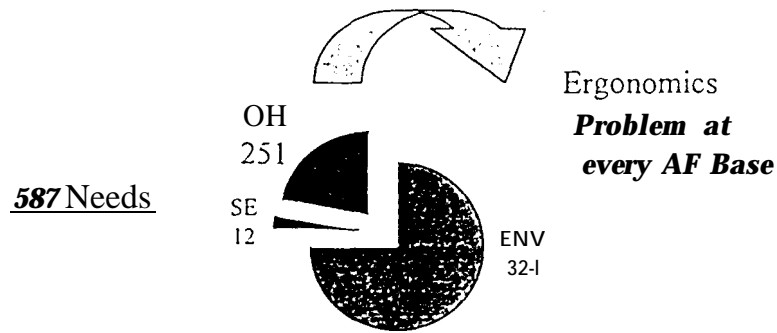


- . 251 Total OH Needs in SC MSP
(85 Technology, 145 Policy, 21 Training)
- . Validated by SG Goal Champion (OT-4)

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Occupational Health Program Pillar



- 251 Total OH Needs in SG MSP
(85 Technology, 145 Policy, 21 Training)
- Validated by SG Goal Champion (OT-4)

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Ergonomics Success Story

Issue:

- Injuries and Illnesses Found Across AF
- Estimated '98 - '03 POM Bill @\$18.7M

Findings:

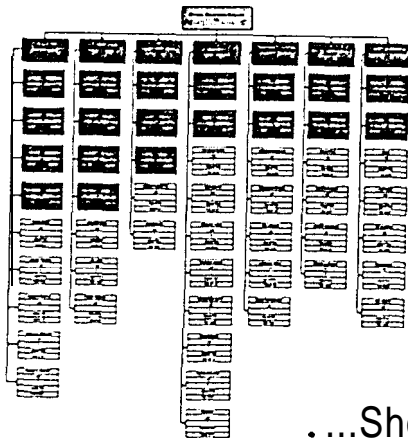
- Annual AF Compensation Costs: \$50M and Rising
- Trends are Consistent with GAO Report and Private Sector
- 88% of Cases Filed Were Civilians

Analysis: OSHA/DoD/AF Policy vs AF Program
Identified Clear Program Gaps



Ergonomics Success Story

Work Breakdown Structure



- 51 tasks identified to comply with requirements
- Execution is risk-based
- Program costs identified to date

\$600K -Vs- \$18.7M Estimate

....Shows **Process** Works

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Outline

- . Background
- . Status Report
- . Ergonomics Success Story
- . Recommendation

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- Recommendation

Pursue incorporation of ESOH TPIPT
process into existing AFI's

AFI 48-101 (AFMOA/SGOE)

AFI 32-7086 (AF/ILE)

AFI 48-1 19 (AFMOA/SGOE)

AFIg/-202 (AF/SE)

AFI 32-7002 (AF/ILE)

AFI 91-301 (AF/SE)

AFI 32-7080 (AF/ILE)

AFI 91-302 (AF/SE)



Air Force Ergonomics Program

(27 May 1998)

Maj Art Kaminski
Chief, Occupational Health Programs
Air Force Medical Operations Agency
Office of the Surgeon General



Purpose: Informational

- . Problem: Ergonomics Disorders adversely affecting AF Mission
- . Solution: Cross Functional, Focused, Risk Based Approach



Ergonomics

- . Goal: Fit Jobs to Person
- . Eliminate/Decrease Risk Factors
 - Awkward Postures
 - High Force
 - Repetitive Motion
- . Reduce Ergonomics Disorders
 - Back Injuries
 - Arm/Wrist Injuries



Program Drivers

- . Cost/Productivity
 - Direct Costs (medical/compensation)
 - . Compensation (approx \$50M/yr)
 - Indirect Costs (lost time, training/decreased productivity) Approx \$200-500M/yr
- . Compliance
 - OSHA "General Duty" Clause
 - DUSD(ES) Memo, 6 Feb 97
 - Air Force Guidance



Program Development

- . Recommendations of TPIPT Needs Assessment
 - Identify Parameters
 - Focus Program
 - Evaluate, Adjust, Expand
- . Resulted in Plan with Risk-Based Execution
 - AFMC Lead



Summary

- . Ergonomics is a problem in the AF
- . Requires a Focused Approach
- . AFMC Update: Nov 98



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE



MAR 6 1993

MEMORANDUM FOR SEE DISTRIBUTION

FROM: AFMOA/CC

110 Luke Avenue, Room 405
Bolling AFB, DC 20332-7050

SUBJECT: Interim Ergonomics Policy

Building Healthy Communities – Intervention to Prevention – is critical to maintaining well-being for optimal mission performance and quality of life. This includes all aspects of occupational safety and health, including ergonomics.

Currently, ergonomics related injuries and illnesses account for more than 40 percent of the Air Force's \$ 119M annual workman's compensation costs and untold amounts of pain, suffering and lost productivity. This directly affects the Air Force's ability to accomplish our mission.

To resolve this problem, I would like you to implement the attached Interim Ergonomics Policy. This initiative is the beginning of building a strong ergonomic component of our occupational health program. As more data becomes available, we will be better able to focus our program on risk-based prevention. A strong, fact-based ergonomics program promises substantial savings in both direct and indirect and improved productivity.

My point of contact for this initiative is Maj Art Kaminski, 110 Luke Avenue, Room 404, Bolling AFB, DC 20332-7050, DSN 297-443 1.

EARL W. MABRY, II, Maj Gen, USAF, MC
Commander
Air Force Medical Operations Agency
Office of the Surgeon General

Attachment:
Interim Ergonomics Policy

BY ORDER OF THE SECRETARY OF THE AIR FORCE

AIR FORCE POLICY DIRECTIVE 90-8
DRAFT 15 Jun 98
Command

ENVIRONMENT, SAFETY, AND OCCUPATIONAL HEALTH

OPR: SAF/MIQ

Certified by: SAF/MI
Pages: XX
Distribution: F

1. This directive establishes the Air Force Environment, Safety, and Occupational Health (ESOH) Program. The effective management of ESOH risks and costs is essential to achieve the Air Force mission, conduct and sustain operations, and protect and enhance the Total Force. This directive implements Secretary of the Air Force Order (SAFO) 103.1, *Authority and Responsibilities of the Assistant Secretary of the Air Force (Manpower, Reserve Affairs, Installations, and Environment)* and SAFO 79.1.1, *Delegation of Authorities under the Comprehensive Environmental Response, Comprehensive and Liability Act (CERCLA), to Request Information Relating to Hazardous Substances, and for Wetlands and Floodplains* and DoD Directive 4715.1 *Environmental Security*.

2. The three ESOH principles guiding our efforts are: "sustain readiness", "leverage resources", and "be a good neighbor". To support these principles, the Air Force will make ESOH a fundamental element at all levels of planning, decision-making, budgeting, acquisition, and all phases of operations.

2.1. in order to reduce the ESOH component of installation and weapon system total ownership costs, the Air Force will strive to reach the following goals:

- 2.1.1. sustainable use of our installations and ranges through the conservation of natural and cultural resources and open communication with stakeholders;
- 2.1.2. zero enforcement actions;
- 2.1.3. zero occupational injuries and illnesses;
- 2.1.4. zero disease and nonbattle injuries (DNBI) related to contingency operations;
- 2.1.5. zero loss of government resources through mishaps; and
- 2.1.6. reduced pollutant emissions using a pollution prevention investment strategy.

2.2. The Air Force will use quality-based management practices using a systematic method of planning, taking action, and checking results to support ESOH activities. This approach must be compatible with already existing Air Force management systems.

3. The Air Force will provide safe and healthful workplaces and conduct operations (excluding armed conflict) in a manner that enhances mission accomplishment and minimizes the risks to both the environment and the safety and health of Air Force personnel and the public both on and off the installation. The Air Force will promote an atmosphere of trust and teamwork where individuals are committed to the ESOH principles.

4. The Air Force will use risk management (e.g. Operational Risk Management) to improve performance: prevent occupational illnesses, injuries, and DNBI in support of Force Protection; and, where possible, lower costs.

5. The Air Force will provide training in ESOH principles and risk management to all military and civilian personnel, commensurate with their duties.

6. The Air Force will strive to promote public trust and confidence by informing, consulting, and maintaining open communications and dialogue with local and affected communities, tribes, regulators, and other stakeholders and foster partnerships with these groups and individuals. Consultation with federally recognized American Indian tribes and Alaskan Native Governments (herein tribes) will be on a government-to-government basis, in accordance with applicable law.

7. The Air Force will identify and use existing management systems to report Air Force ESOH costs to commanders, single managers, and functional managers to support cost-effective decision-making

8. The Following responsibilities and authorities are to be derived From this policy:

8.1. Commanders at all levels will:

8.1.1. Implement the ESOH principles and above policies in their planning, decisions, and operations.

8.1.2. Hold supervisors, managers, workers, and ESOH professionals accountable for ESOH performance.

8.1.3. Ensure supervisors, managers, workers, and ESOH professionals work together for continuous improvements in readiness, cost, and performance.

8.1.4. Ensure all employees have ready access to all ESOH information and training to effectively accomplish their job.

8.2. SAF/MI will, in accordance with Secretary of the Air Force Order 103.1, provide guidance, direction, and oversight of all matters pertaining to the Formulation, review, and execution of policies, plans, programs, and budgets relative to ESOH. SAF/MIQ serves as the central Focal point for SAF/MI and the Air Force on ESOH matters.

8.3. SAF/FM will develop cost reporting tools and mechanisms to identify ESOH costs and provide the information to commanders for decision-making.

8.4. SAF/AQ will:

8.4.1. Implement this policy by integrating ESOH considerations into acquisition policies, instructions, program reviews, and training as appropriate.

8.4.2. Ensure single managers employ system safety methodologies to identify, assess, and reduce ESOH risks and to lower total ownership costs when developing new systems or modifying existing systems.

DRAFT - NOT FOR COMPLIANCE OR IMPLEMENTATION

8.4.3. Within available Air Force science and technology resources, provide for research and development programs to support Air Force unique ESOH requirements.

8.6. SAF/IA will:

8.5.1. Ensure Air Force ESOH overseas activities support Air Force international objectives.

8.5.2. Integrate ESOH within Air Force cooperative engagement programs.

5.6. HQ USAF/XO will:

8.6.1. Ensure Mission Need Statements, Program Action Directives, Operational Requirements Documents, and Operational **Plans** address ESOH. where applicable.

8.6.2. Implement ESOH policies in management of ranges.

8.7. HQ USAF/XP will ensure the Air Force strategic plan and fiscal guidance incorporate ESOH principles, where appropriate.

8.8. HQ USAF/DP will:

8.8.1. Provide guidance to document evaluation of ESOH compliance in performance appraisals.

8.8.2. Provide guidance to integrate ESOH and risk management knowledge and principles into appropriate training programs.

8.9. I-IQ USAF/IL, HQ USAF/SG, and HQ USAF/SE will:

8.9.1. Develop and provide tools, training, guidance, and procedures for ESOH programs and risk-based approaches.

8.9.2. identify opportunities to eliminate redundancies and promote synergy in implementing ESOH functional programs.

8.9.3 Promote cost-effective business improvements and industrial process reengineering initiatives to support the Air Force mission.

8.10. HQ USAF/IL will:

8.10.1. Develop tracking and reporting procedures integrating ESOH performance results into overall weapon system maintenance/operational performance status reporting.

8.10.2. Develop and implement cost-effective business improvements and industrial process re-engineering initiatives to minimize and control ESOH risks.

8.11.1. SAF/PA will define manpower requirements and training, and develop resource guidelines and communication tools to ensure public involvement efforts meet the requirements of ESOH programs.

8.12. Installation ESOH Professionals will provide ESOH technical expertise to commanders, functional managers, and supervisors to support risk management, performance improvement, and cost reductions.

8.13. All Air Force personnel shall comply with identified risk management practices to manage ESOH risks, comply with ESOH regulations and standards, improve performance, enhance personal effectiveness, and, where possible, reduce costs.

F. WHITTEN PETERS
Acting Secretary of the Air Force

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GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

29 CFR 1960
40 CFR
DoDD 47 15.1 Environmental Security
AFPD 48-1 Aerospace Medicine Program
AFPD 32-70 Environmental Quality
AFPD 9 1-2 Safety Program
AFPD 9 1-3 Air Force Occupational Safety, Health, and Fire Protection Program
AFPD 90-5 Quality Air Force

Terms

Environment, Safety, and Occupational Health (ESOH): ESOH includes environmental quality, environmental health, fire protection, safety, and occupational health.

ESOH Principles:

"Sustain readiness" - This includes, but is not limited to: promoting health and safety to ensure individual readiness, providing a process to reduce or offset risk and enable commanders to make well-informed decisions to ensure mission success, and maintaining access to ranges and installations crucial to Air Force readiness.

"Leverage resources" - reduce and eliminate ESOH costs through various means such as using new technology, by working better together, and by developing libraries of more effective and efficient business practice alternatives.

"Be a good neighbor" - This includes, but is not limited to: fostering a constructive relationship with our neighbors in which they understand the Air Force goals, objectives and constraints and the Air Force understands theirs: seeking to be a responsible neighbor, to be sensitive to community issues, to be an active participant in programs to improve the local quality of life, and reducing the present impact of past contamination.

ESOH Professionals: The personnel responsible for and with the knowledge and expertise to provide technical recommendations on safety, fire protection, occupational health, and environmental issues.

Environmental Health The discipline and program concerned with identifying and preventing illness and injury due to exposure to hazardous chemical, physical, and biologic agents that may be encountered in the ambient environment-air, water, or soil.

Environmental Quality: The discipline and program concerned with maintaining and improving the quality of the environment. Includes compliance, cleanup, pollution prevention, impact analysis; waste minimization and management; natural and cultural resource management; historic preservation; encroachment prevention; range, airspace, and community planning; and community impact analysis and assistance.

DRAFT - NOT FOR COMPLIANCE OR IMPLEMENTATION

Hazard: Any real or potential condition that can cause mission degradation, injury, illness, or death to personnel, or damage to or loss of equipment or property.

Occupational Environment: The place or area where an individual works. Includes traditional administrative and industrial workplaces as well as the cockpit, the battlefield, and deployed locations.

Occupational Health: The discipline and program concerned with prevention of illness resulting from work-related factors. It includes the prevention of illness during deployments not resulting from hostile acts to reduce disease and nonbattle injury rates (DNBI).

Public Involvement: Involving the public in a timely, meaningful, and consistent manner in the decision-making process.

Risk: The probability and severity of loss or adverse impact from exposure to various hazards.

Risk Management: The systematic process of identifying hazards, assessing risk, analyzing risk control options and measures, making control decisions, implementing the control decision, and formally accepting residual risks. Includes Operational Risk Management (ORM), Enhanced Site Specific Risk Assessment (ESSRA), etc. Risk management decisions take into account such factors as: the ESOH risk; cost-benefit of control methods; risk to mission accomplishment and the importance of that particular aspect of the mission; the potential for noncompliance with ESOH regulations or laws and resulting fines; the risk of future impacts on operations due to use of non-renewable resources; the risk of adverse public reaction causing limitations on operations; the risk of illnesses/injuries causing the loss of worker productivity; and political risk (for example, Air Force personnel assigned overseas must comply with applicable requirements of international treaties, Status of Forces Agreements, the DoD Overseas Environmental Baseline Guidance Document, and Final Governing Standards).

Safety: The discipline and program concerned with the prevention of any real or potential condition that can cause mission degradation, injury or death to personnel, or damage to or loss of systems, equipment, facilities or property.

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AIR FORCE ENVIRONMENT SAFETY OCCUPATIONAL HEALTH COMMITTEE

PRE-BRIEF AGENDA

20 May 98, 1000 hrs
Pentagon, Room 5C866

Opening Remarks	5 Min
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Briefings

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| 1. OSHA Cost Update
Lt Col Ballengee, SAF/MIQ | 15 Min |
| 2. ESOH TPIPT
Lt Col McCarty | 20 Min |
| 3. Ergonomics
Maj Kaminski, HQ USAF/SGOE | 15 Min |

Closing Comments	5 Min
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